

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

18979

2721

|   |                               |  |                                      |   |   |  |  |
|---|-------------------------------|--|--------------------------------------|---|---|--|--|
| BIRTH NO. ....  |                               | REG. DIST. NO. <u>149</u>  |                                      | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. ....   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |                               |  |                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>CALIFORNIA</u> b. COUNTY <u>LOS ANGELES</u> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>KANSAS CITY</u>  |                               | c. LENGTH OF STAY (In this place)<br><u>1 WEEK</u>   |                                      | c. CITY OR TOWN <u>INGLEWOOD</u>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAH HOSPITAL</u>   |                               |  |                                      | e. STREET ADDRESS (If rural, give location)<br><u>319 MYERS PLACE</u> <u>80408</u>  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |                               | a. (First) <u>WILMA</u>  |                                      | b. (Middle) <u>K.</u>   |   | c. (Last) <u>STANSEL</u>   |  |
| 4. DATE OF DEATH  |                               | (Month) <u>JUNE</u> (Day) <u>22</u> (Year) <u>1955</u>   |                                      |   |   |  |  |
| 5. SEX <u>FEMALE</u>  | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  | 8. DATE OF BIRTH <u>MAY 3 - 1904</u> | 9. AGE (In years last birthday) <u>51</u>   | IF UNDER 1 YEAR: Months <u>24</u> Days <u>12</u> Hours <u>0</u> Min. <u>0</u> |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>   |                                      | 11. BIRTHPLACE (City and State or Foreign Country) <u>HARRIS MISSOURI</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME <u>WILLIS W. BLACK</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>IDA E. GOLDEN</u>   |                                      | 14. NAME OF HUSBAND OR <del>WIFE</del> <u>EDWIN N. STANSEL</u>  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>   |                               | 16. SOCIAL SECURITY NO. <u>NONE</u>  |                                      | 17. INFORMANT'S SIGNATURE OR NAME <u>MR. EDWIN STANSEL</u> ADDRESS <u>319 MYERS PLACE INGLEWOOD, CALIF.</u>                                       |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                 |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage &amp; softening poss. Right cerebral peduncle, left cerebellum</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Thrombosis left ventricle &amp; basilar artery</u><br>DUE TO (c) <u>Hypertensive cardiovascular disease with cardiac hypertrophy &amp; arteriosclerosis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                      |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 hours</u><br><u>33 1/2</u><br><u>2 hrs approx</u>  |  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION <u>sepsis &amp; cholecystitis</u>   |                                      |   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>2</u>   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                      | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>2</u> m.  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                      | 21f. HOW DID INJURY OCCUR?  |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>June 22, 1955</u> , to <u>June 23, 1955</u> , that I last saw the deceased alive on <u>June 23, 1955</u> , and that death occurred at <u>8:30 AM.</u> , from the causes and on the date stated above. |                               |  |                                      |   |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>L.F. Steffen</u>  |                               | 23b. ADDRESS <u>1103 Grand Ave. Kansas City, Mo.</u>   |                                      | 23c. DATE SIGNED <u>6-24-55</u>   |   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>  |                               | 24b. DATE <u>JUNE 25 1955</u>  |                                      | 24c. NAME OF CEMETERY OR CREMATORY  |   | 24d. LOCATION (City, town, or county) (State) <u>INGLEWOOD CALIFORNIA</u>  |  |
| DATE REC'D BY LOCAL REG. <u>6-25-55</u>   |                               | REGISTRAR'S SIGNATURE <u>Minshall</u>  |                                      | 25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newsom</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>  |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 18 1955

AUG 2 1955

OCT 18 1956

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Basil Woney

Licensed Embalmer No. 472

P. O. Address K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.